

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-4355.M2

July 1, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-1254-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is a board certified neurologist. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 32 year-old female who sustained a work related injury on ___. The patient reported that while at work she was mopping and pushed an IV pole out of her way with her foot. The patient reported that she reached for the IV pole she lost her balance and fell against the bed. The patient underwent a CT scan of the lumbar spine on 6/28/99 and a lumbar and thoracic myelogram with CT scan following on 12/1/00. The diagnoses for this patient include right sacroiliac sprain, radicular pain on the right in an L5-S1 distribution and hip contusion. The patient has been treated with trigger point injections, oral pain medications, electrical stimulation and steroid injections.

Requested Services

RS41 Sequential Stimulator.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ____ physician reviewer noted that this case concerns a 32 year-old female who sustained a work related injury to her back, hip, right leg and sacroiliac on _____. The ____ physician reviewer also noted that the diagnoses for this patient included right sacroiliac sprain, radicular pain on the right in an L5-S1 distribution and hip contusion. The ____ physician reviewer further noted that the treatment for this patient has included trigger point injections, oral pain medications, electrical stimulation and steroid injections. The ____ physician reviewer indicated that this patient has chronic pain in the back, hip, sacroiliac and right leg area. The ____ physician reviewer explained that this patient's pain has been unresponsive to physical therapy and chiropractic care. The ____ physician reviewer indicated that the patient reported some benefit from the epidural steroid injections. The ____ physician reviewer explained that the documentation provided did not demonstrate a neurologic deficit in this patient. The ____ physician reviewer also explained that the requested stimulator is of unproven benefit in this situation. Therefore, the ____ physician consultant has concluded that the requested RS4i Sequential Stimulator is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 1st day of July 2003.